REC'D MAR 13 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

5969
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 180
(c) City Saint Joseph — (d) Street No. Saint Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence Albert White
(a) Residence, No. 1913 South 11th Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --Mrs. Helen H. White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1890
7. AGE: YEARS 49 — MONTHS 0 — DAYS 2 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ogden, Utah

FATHER
13. NAME Albert H. White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Ireland

MOTHER
15. MAIDEN NAME Ida E. Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Ohio

17. INFORMANT (ADDRESS) Mrs. Helen H. White, 1913 South 11th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial ParkCem DATE Febr. 27 1939
19. FUNERAL DIRECTOR (ADDRESS) E.R.SIDENFADEN FUNERAL HOME 602 South 10th Street
20. FILED Feb. 27 1939 H. J. Nestlebush F.B. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939 to Feb 24, 1939
I last saw him alive on Feb 24, 1939. Death is said to have occurred on the date stated above, at 3:28 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis Chronic | ? |
| | |
| | |
| | |

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Other contributory causes of importance: Hypertension.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) L. Hanson, M. D.
(Address) St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, Theron O. Smith, Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. and by Mollie Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**